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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee HWS Headway Work Force Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 3750.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6480
Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee HWS Headway Work Force Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 3750.00	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6482
Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 30 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Hilton Garden Inn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016
Mailing Address 3232 Olentangy River Rd		Amount 3750.00
City Columbus	State OH	Zip Code 43202
Purpose of Expenditure Travel Expenses	Category/Type 002	Transaction ID : SE.6489 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Hilton Garden Inn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016
Mailing Address 3232 Olentangy River Rd		Amount 3750.00
City Columbus	State OH	Zip Code 43202
Purpose of Expenditure Travel Expenses	Category/Type 002	Transaction ID : SE.6491 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Thrifty Car Rental		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 1534 Sunset Blvd		Amount 1875.00	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6485
Purpose of Expenditure Travel Expenses	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 178528.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Thrifty Car Rental		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 1534 Sunset Blvd		Amount 1875.00	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6487
Purpose of Expenditure Travel Expenses	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 92604.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	80437.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

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Date

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